

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Evans	Regina	Valaine	916 445-6131
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
State Capitol, Sacramento CA 95814			
OPTIONAL: FAX / E-MAIL ADDRESS			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Governor's Office

Division, Board, District, if applicable:

Cabinet

Your Position:

Deputy Cabinet Secretary

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-OR-

☒ The period covered is 01/23/07, through December 31, 2007.

☐ Leaving Office

Date Left: ____/____/____

(Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-OR-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➔ Total number of pages including this cover page: 2

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-OR-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

03-31-08

Signature

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Regina Evans</u>
--

NAME OF SOURCE
Gov. Schwarzenegger
 ADDRESS
State Capitol, Sac 95834
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
09/20/07 \$81.18 Jacket
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
 ____/____/____ \$ _____
 ____/____/____ \$ _____
 ____/____/____ \$ _____

NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
 ____/____/____ \$ _____
 ____/____/____ \$ _____
 ____/____/____ \$ _____

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 ____/____/____ \$ _____
 ____/____/____ \$ _____

Comments: _____